UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re:	Case No. 16 B 40478
Tracy Murray	
Debtor(s)	

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Marilyn O. Marshall, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on <u>12/28/2016</u>.
- 2) The plan was confirmed on 03/02/2017.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. \S 1329 on NA .
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on 03/08/2018.
 - 5) The case was Dismissed on 05/10/2018.
 - 6) Number of months from filing to last payment: 11.
 - 7) Number of months case was pending: <u>19</u>.
 - 8) Total value of assets abandoned by court order: <u>NA</u>.
 - 9) Total value of assets exempted: NA.
 - 10) Amount of unsecured claims discharged without payment: \$0.00.
 - 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor \$5,286.96 Less amount refunded to debtor \$0.00

NET RECEIPTS: \$5,286.96

Expenses of Administration:

Attorney's Fees Paid Through the Plan \$4,366.76
Court Costs \$0.00
Trustee Expenses & Compensation \$232.19
Other \$0.00

TOTAL EXPENSES OF ADMINISTRATION: \$4,598.95

Attorney fees paid and disclosed by debtor: \$0.00

Scheduled Creditors:						
Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
Blue Island Hospital Company LLC	Unsecured	4,259.57	4,259.57	4,259.57	0.00	0.00
Capital One Auto Finance	Unsecured	NA	224.64	224.64	0.00	0.00
Capital One Auto Finance	Secured	16,213.00	16,437.64	16,213.00	150.00	538.01
City Of Chicago	Unsecured	0.00	2,007.05	2,007.05	0.00	0.00
City of Chicago Department of Revenue	Unsecured	0.00	2,181.00	2,181.00	0.00	0.00
City of Chicago Department of Revenue	Unsecured	1,700.00	1,862.15	1,862.15	0.00	0.00
Consumer Portfolio Services	Unsecured	15,629.00	12,016.96	12,016.96	0.00	0.00
Komyatte & Casbon, P.C	Unsecured	0.00	NA	NA	0.00	0.00
Metro South Medical Center	Unsecured	0.00	1,960.13	1,960.13	0.00	0.00
Resurgent Capital Services	Unsecured	598.00	598.62	598.62	0.00	0.00

Claim	Principal	Interest
Allowed	<u>Paid</u>	<u>Paid</u>
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$16,213.00	\$150.00	\$538.01
\$0.00	\$0.00	\$0.00
\$16,213.00	\$150.00	\$538.01
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$25,110.12	\$0.00	\$0.00
	\$0.00 \$0.00 \$16,213.00 \$0.00 \$16,213.00 \$0.00 \$0.00 \$0.00 \$0.00	Allowed Paid \$0.00 \$0.00 \$0.00 \$0.00 \$16,213.00 \$150.00 \$0.00 \$0.00 \$16,213.00 \$150.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

Disbursements:		
Expenses of Administration Disbursements to Creditors	\$4,598.95 \$688.01	
TOTAL DISBURSEMENTS :		<u>\$5,286.96</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 07/16/2018 By: /s/ Marilyn O. Marshall
Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.